

09/615 872

1/24/2006 14:42 FAX 6123051228

MUETING RAASCH GEBHARDT

**Certificate**

001

JAN 26 2006

**of Correction**

PATENT

Docket No. 310.00340101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
CENTRAL FAX CENTER

JAN 24 2006

Applicant(s): Arepally et al.

Group Art Unit: 1641

Patent No.: 6,964,854

Examiner: James L. Grun

Confirmation No.: 4363

Issued: November 15, 2005

For: COMPOSITIONS AND METHODS USEFUL FOR THE DIAGNOSIS AND  
TREATMENT OF HEPARIN INDUCED THROMBOCYTOPENIA/THROMBOSIS

FACSIMILE TRANSMISSION TO THE PTO

Attention Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FAX NUMBER: (571) 273-8300  
Total Pages (including cover page): 9  
Time: 2:45 pm (Central Time)  
(Transmission must be complete by  
midnight eastern time.)

The following papers are being transmitted to the Patent and Trademark Office by facsimile transmission: Request for Certificate of Correction (1 pg.); Certificate of Correction (1 pg.); and two copies of the text showing corrections (6 pgs.).

X Small Entity Status is entitled to be asserted in the above-identified application.

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895.

Mueeting, Raasch & Gebhardt, P.A.  
Customer Number: 26813

Jan. 24, 2006  
Date

By: [Signature]  
Victoria A. Sandberg  
Reg. No. 41,287  
Direct Dial (612)305-1226

**CERTIFICATE UNDER 37 C.F.R. §1.8:** The undersigned hereby certifies that this Facsimile Cover Sheet and the paper(s), as described hereinabove, are being transmitted by facsimile in accordance with 37 CFR §1.6(d) to the Patent and Trademark Office addressed to Attention Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 24th day of January, 2006, at 2:45 pm (Central Time).

Jan. 24, 2006  
Date

Signature: [Signature]  
Name: Deb Schurmann

If you do not receive all pages, please contact us at (612)305-1220 (ph) or (612)305-1228 (fax).

JAN 30 2006

PATENT  
Docket No. 310.00340101IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED  
CENTRAL FAX CENTER

JAN 24 2006

Applicant(s): Arepally et al.

Patent No.: 6,964,854

Issued: November 15, 2005

For: COMPOSITIONS AND METHODS USEFUL FOR THE DIAGNOSIS AND  
TREATMENT OF HEPARIN INDUCED THROMBOCYTOPENIA/THROMBOSIS.REQUEST FOR CERTIFICATE OF CORRECTIONAttention Certificate of Correction Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Sir:

A Certificate of Correction is requested to be issued correcting printing errors appearing in the above-identified United States patent. Two copies of the text noting the corrections for the Certificate are enclosed. Since none of the errors listed are due to Applicants' mistake, no fee is necessary for the Certificate. The corrections in the proposed Certificate of Correction do not involve such changes in the patent as would constitute new matter or would require reexamination.

Please mail the printed Certificate of Correction to the undersigned attorney.

## CERTIFICATE UNDER 37 C.F.R. 1.8:

The undersigned hereby certifies that this paper is being transmitted by facsimile in accordance with 37 CFR §1.6(d) to the Patent and Trademark Office, addressed to Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 24<sup>th</sup> day of January, 2006, at 2:45pm (Central Time).

  
Deb Schurmann

Date

24 January 2006

Respectfully submitted

By

Mueeting, Raasch &amp; Gebhardt, P.A.

P.O. Box 581415

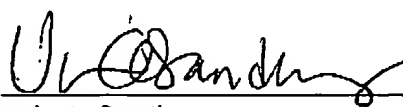
Minneapolis, MN 55458-1415

Phone: (612)305-1220

Facsimile: (612)305-1228

Customer Number 26813

By:

  
Victoria A. Sandberg

Reg. No. 41,287

Direct Dial (612)305-1226

JAN 30 2006

Staple  
Here  
Only!

Printer's  
Trim  
Line

UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO.: 6,964,854

DATED: November 15, 2005

INVENTOR(S): Arepally et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On the face page, (73) Assignee, delete "Science & Technology Corporation" and replace with ~~Science & Technology Corporation @ UNM~~.

On the face page, (73) Assignee, delete "Albuquerque" and replace with ~~Albuquerque~~.

In column 16, line 65, delete "215:403410" and replace with ~~215:403-410~~.

In column 22, line 10, delete "intrasternal" and replace with ~~intrasternal~~.

MAILING ADDRESS OF SENDER:

PATENT NO. 6,964,854

MUETING, RAASCH & GEBHARDT, P.A.  
P.O. BOX 581415  
MINNEAPOLIS, MINNESOTA 55401  
Customer Number 26813

JAN 30 2006



US006964854B1

(12) **United States Patent**  
Areppally et al.

(10) **Patent No.:** US 6,964,854 B1  
(45) **Date of Patent:** Nov. 15, 2005

(54) **COMPOSITIONS AND METHODS USEFUL FOR THE DIAGNOSIS AND TREATMENT OF HEPARIN INDUCED THROMBOCYTOPENIA/THROMBOSIS**

(75) Inventors: **Gowthami M. Areppally**, Albuquerque, NM (US); **Walter Kiesel**, Albuquerque, NM (US); **Keiko Kamei**, Kumamoto (JP); **Shintaro Kamei**, Kumamoto (JP)

Science+Technology Corporation  
(73) Assignee: **Science+Technology Corporation**, Albuquerque, NM (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 51 days.

(21) Appl. No.: 09/615,872

(22) Filed: Jul. 13, 2000

#### Related U.S. Application Data

(60) Provisional application No. 60/143,536, filed on Jul. 13, 1999.

(51) Int. Cl.<sup>7</sup> ..... C07K 16/18; C12N 5/20; C12P 21/08; G01N 33/564; G01N 33/577

(52) U.S. Cl. .... 435/7.24; 435/70.21; 435/452; 435/332; 435/337; 436/506; 530/388.2; 530/388.25

(58) Field of Search ..... 435/7.24, 7.6, 435/7.92, 69.1, 70.21, 452, 332, 337; 436/506; 530/387.3, 388.1, 388.2, 388.25

(56) **References Cited**

#### U.S. PATENT DOCUMENTS

4,160,452 A 7/1979 Theeuwes  
4,256,108 A 3/1981 Theeuwes  
4,265,874 A 5/1981 Bonsen et al.  
5,466,582 A 11/1995 Amiral ..... 435/7.9

#### OTHER PUBLICATIONS

Blank, et al., *A mouse model for heparin-induced thrombocytopenia*, *Seminars In Hematology*, vol. 36, No. 1, pp. 12-16, Jan. 1999.

Saggin, et al., *Neutralization of the antiheparin activity of platelet factor 4 by a monoclonal antibody*, *Thrombosis and Haemostasis*, vol. 67, No. 1, pp. 137-143, Jan. 23, 1992.

Areppally, et al., *Characterization of a murine monoclonal antibody that mimics heparin-induced thrombocytopenia antibodies*, *Blood*, vol. 95, No. 5, pp. 1533-1540, Mar. 1, 2000. (Abstract Only).

Ma, et al., *A murine model for heparin-induced thrombocytopenia (HIT)*, *Blood*, vol. 94, No. 10, Nov. 15, 1999. (Abstract Only).

G.M. Areppally, *Characterization of a monoclonal antibody to PF4/heparin (KKO) with functional and serologic properties of HIT antibodies*, *Blood*, vol. 94, No. 10, Nov. 15, 1999.

Ciagowski, et al., *Monoclonal antibodies to bovine platelet factor 4: species interactions to platelets and megakaryocytes using indirect immunofluorescence*, *Thrombosis Research*, vol. 41, No. 6, Mar. 15, 1986.

Altschul et al. 1990, *J. Mol. Biol.* 215:403-410.  
Altschul et al. 1997, *Nucleic Acids Res.* 25:3389-3402.  
Amiral et al., 1992, *Thrombosis & Haemostasis*, 68(1):95-96.  
Amiral et al., 1996, *Am. J. Hematol.* 52:90-95.  
Amiral et al., 1996, *Blood* 88:410-416.  
Amiral et al., 1996, *Br. J. Hematol.* 92:954-959.  
Areppally et al., 1995, *Am. J. Clin. Pathol.* 104:648-654.  
Areppally et al., 1997, *Blood* 89:370-375.  
Areppally et al., 1998, *Clinical Reviews in Allergy and Immunology*, 16:237-247.  
Bachelot-Loza et al., 1998, *Thromb. Haemost.* 79:523-528.  
Baggiolini et al., 1989, *J. Clin. Invest.* 84:1045-1049.  
Barbas, 1995, *Nature Medicine* 1:837-839.  
Bauer et al., 1997, *Circulation* 95:1242-1246.  
Bird et al., 1988, *Science* 242:423-426.  
Blank et al., 1997, *Clin. Exp. Immunol.* 108(2):333-339.  
Boshkov et al., 1993, *Br. J. Haematol.* 84:322-328.  
Burton et al., 1994, *Adv. Immunol.* 57:191-280.  
Carlsson et al., 1998, *Blood* 92:1526-1531.  
Carter et al., 1992, *Bio/Technology*, 10:163-167.  
Chong et al., 1993, *Blood* 81:988-993.  
Chong, 1995, *British Journal of Haematology*, 89:431-439.  
de Kruif et al. 1995, *J. Mol. Biol.* 248:97-105.  
De Rcys et al., 1993, *Blood* 81:1792-1800.  
Dudek et al., 1997, *C. J. Biol Chem* 272:31785-31792.  
Fell et al., 1989, *Proc. Natl. Acad. Sci. USA*. 86: 8507-8511.  
Fratantoni et al., 1975, *Blood* 45:395.  
Greinacher et al., 1992, *Thromb. Haemost.* 67:545.  
Greinacher et al., 1994, *Thromb. Haemost.* 71:247.  
Greinacher et al., 1995, *Thrombosis and Haemostasis*, 74:886-892.  
Gu et al. 1997, *Thrombosis and Hematocyst* 77(4):755-759.  
Herbert et al., 1998, *Thromb. Haemost* 80:326.

(Continued)

Primary Examiner—Christopher L. Chin

Assistant Examiner—James L. Grun

(74) Attorney, Agent, or Firm—Mueiting, Raasch & Gebhardt, P.A.

(57)

#### ABSTRACT

The invention includes compositions, kits and methods comprising a monoclonal antibody which shares key functional properties with the polyclonal antibodies which participate in the pathogenesis of heparin induced thrombocytopenia/thrombosis (HIT/HITT) in a mammal. The monoclonal antibody of the invention preferentially binds with a PF4/heparin complex relative to the binding of the antibody with PF4 or heparin alone. The monoclonal antibody of the invention also binds specifically with PF4 in a complex with other glycosaminoglycans besides heparin, and also activates platelets. The monoclonal antibody of the invention is useful in methods for diagnosing and treating HIT/HITT in a mammal. A humanized version of the monoclonal antibody of the invention is also included, along with a process for humanizing the monoclonal antibody of the invention.

6 Claims, 10 Drawing Sheets

JAN 30 2006

US 6,964,854 B1

15

murine antibody onto the human heavy and light chain framework residues. The original technique described by Reichman et al. involves producing a human variable region with the desired specificity of the murine hypervariable region. Murine hypervariable (HV) primers with sequences complementary to the murine HV region are synthesized with flanking human framework sequences corresponding to the human HV region. These murine HV primers, in addition to nucleotides and DNA polymerase, are added to a plasmid containing the human variable region gene. This reaction results in a humanized murine variable gene (huV), containing human framework regions and murine HV regions. The humanized variable region is next inserted into a plasmid containing a human constant region gene.

This procedure was employed to create humanized heavy and light chains which were then cotransfected into a non-secreting myeloma cell line. Subsequent refinements of this basic procedure have resulted in a process for producing humanized antibodies with affinities and biological properties comparable to that of the parent murine monoclonal antibody (Emery et al., 1995, *Strategies for humanizing antibodies*, In: *Antibody Engineering*, 2<sup>nd</sup> ed., Ed. Borreback CAK) pp 159-183, Oxford University Press, Oxford). This technology can be similarly utilized to create functional humanized Fab' fragments in bacterial cells (Carter et al., 1992, *BioTechnology*, 10: 163-168).

For the purposes of the present invention, the latter technique of humanizing antibodies using CDR grafting to generate humanized monoclonal antibodies or Fab derivatives thereof is the preferred technique for reducing the immunogenicity of murine monoclonal antibodies in humans.

Antibodies displayed at the surface of a bacteriophage are also contemplated by the antibodies of the invention. Bacteriophage which encode the desired antibody may be engineered such that the protein is displayed on the surface thereof in such a manner that it is available for binding to its corresponding binding protein, e.g., the antigen against which the antibody is directed. Thus, when bacteriophage which express a specific antibody are incubated in the presence of a cell which expresses the corresponding antigen, the bacteriophage will bind to the cell. Bacteriophage which do not express the antibody will not bind to the cell. Such panning techniques are well known in the art and are described for example, in Wright et al., (*supra*).

To generate a phage antibody library, a cDNA library is first obtained from mRNA which is isolated from cells, e.g., the hybridoma, which express the desired protein to be expressed on the phage surface, e.g., the desired antibody. cDNA copies of the mRNA are produced using reverse transcriptase. cDNA which specifies immunoglobulin fragments are obtained by PCR and the resulting DNA is cloned into a suitable bacteriophage vector to generate a bacteriophage DNA library comprising DNA specifying immunoglobulin genes. The procedures for making a bacteriophage library comprising heterologous DNA are well known in the art and are described, for example, in Sambrook et al. (1989, *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor, N.Y.).

Processes such as those described above, have been developed for the production of human antibodies using M13 bacteriophage display (Burton et al., 1994, *Adv. Immunol.* 57:191-280). Essentially, a cDNA library is generated from mRNA obtained from a population of antibody-producing cells. The mRNA encodes rearranged immunoglobulin genes and thus, the cDNA encodes the same. Amplified cDNA is cloned into M13 expression vectors

16

creating a library of phage which express human Fab fragments on their surface. Phage which display the antibody of interest are selected by antigen binding and are propagated in bacteria to produce soluble human Fab immunoglobulin. Thus, in contrast to conventional monoclonal antibody synthesis, this procedure immortalizes DNA encoding human immunoglobulin rather than cells which express human immunoglobulin.

The procedures just presented describe the generation of phage which encode the Fab portion of an antibody molecule. However, the invention should not be construed to be limited solely to the generation of phage encoding Fab antibodies. Rather, phage which encode single chain antibodies (scFv/phage antibody libraries) are also included in the invention. Fab molecules comprise the entire Ig light chain, that is, they comprise both the variable and constant region of the light chain, but include only the variable region and first constant region domain (CH1) of the heavy chain. Single chain antibody molecules comprise a single chain of protein comprising the Ig Fv fragment. An Ig Fv fragment includes only the variable regions of the heavy and light chains of the antibody, having no constant region contained therein. Phage libraries comprising scFv DNA may be generated following the procedures described in Marks et al., 1991, *J. Mol. Biol.* 222:581-597. Panning of phage so generated for the isolation of a desired antibody is conducted in a manner similar to that described for phage libraries comprising Fab DNA.

The invention should also be construed to include synthetic phage display libraries in which the heavy and light chain variable regions may be synthesized such that they include nearly all possible specificities (Barbas, 1995, *Nature Medicine* 1:837-839; de Kruif et al. 1995, *J. Mol. Biol.* 248:97-105).

In one embodiment, the monoclonal antibody of the invention comprises a heavy chain polypeptide having an amino acid sequence which shares at least about 80% homology with SEQ ID NO:1 (FIG. 7A). Preferably, the heavy chain polypeptide is about 85% homologous, more preferably about 90% homologous, even more preferably about 95% homologous, and most preferably about 99% homologous to the heavy chain polypeptide of SEQ ID NO:1. Even more preferably, the monoclonal antibody of the invention comprises a heavy chain polypeptide which is SEQ ID NO:1. Also, in this embodiment the monoclonal antibody of the invention comprises a light chain polypeptide having an amino acid sequence which shares at least about 80% homology with SEQ ID NO:2 (FIG. 7B). Preferably, the light chain polypeptide is about 85% homologous, more preferably about 90% homologous, even more preferably about 95% homologous, and most preferably about 99% homologous to the light chain polypeptide of SEQ ID NO:2. Even more preferably, the monoclonal antibody of the invention comprises a light chain polypeptide which is SEQ ID NO:2.

The determination of percent homology (i.e. percent identity) described herein between two amino acid or nucleotide sequences can be accomplished using a mathematical algorithm. For example, a mathematical algorithm useful for comparing two sequences is the algorithm of Karlin and Altschul (1990, *Proc. Natl. Acad. Sci. USA* 87:2264-2268), modified as in Karlin and Altschul (1993, *Proc. Natl. Acad. Sci. USA* 90:5873-5877). This algorithm is incorporated into the NBLAST and XBLAST programs of Altschul, et al. (1990, *J. Mol. Biol.* 215:403-410), and can be accessed, for example, at the National Center for Biotechnology Information (NCBI) world wide web site having the universal

JAN 30 2006

US 6,964,854 B1

21

demulcents, preservatives, buffers, salts, flavorings, coloring agents, and sweetening agents. Oily suspensions may further comprise a thickening agent. Known suspending agents include, but are not limited to, sorbitol syrup, hydrogenated edible fats, sodium alginate, polyvinylpyrrolidone, gum tragacanth, gum acacia, and cellulose derivatives such as sodium carboxymethylcellulose, methylcellulose, hydroxypropylmethylcellulose. Known dispersing or wetting agents include, but are not limited to, naturally-occurring phosphatides such as lecithin, condensation products of an alkylene oxide with a fatty acid, with a long chain aliphatic alcohol, with a partial ester derived from a fatty acid and a hexitol, or with a partial ester derived from a fatty acid and a hexitol anhydride (e.g. polyoxyethylene stearate, heptadecaethyleneoxycetanol, polyoxyethylene sorbitol monoolate, and polyoxyethylene sorbitan monoolate, respectively). Known emulsifying agents include, but are not limited to, methyl, ethyl, or n-propyl-para-hydroxybenzoates, ascorbic acid, and sorbic acid. Known sweetening agents include, for example, glycerol, propylene glycol, sorbitol, sucrose, and saccharin. Known thickening agents for oily suspensions include, for example, beeswax, hard paraffin, and cetyl alcohol.

Liquid solutions of the active ingredient in aqueous or oily solvents may be prepared in substantially the same manner as liquid suspensions, the primary difference being that the active ingredient is dissolved, rather than suspended in the solvent. Liquid solutions of the pharmaceutical composition of the invention may comprise each of the components described with regard to liquid suspensions, it being understood that suspending agents will not necessarily aid dissolution of the active ingredient in the solvent. Aqueous solvents include, for example, water and isotonic saline. Oily solvents include, for example, almond oil, oily esters, ethyl alcohol, vegetable oils such as arachis, olive, sesame, or coconut oil, fractionated vegetable oils, and mineral oils such as liquid paraffin.

Powdered and granular formulations of a pharmaceutical preparation of the invention may be prepared using known methods. Such formulations may be administered directly to a subject, used, for example, to form tablets, to fill capsules, or to prepare an aqueous or oily suspension or solution by addition of an aqueous or oily vehicle thereto. Each of these formulations may further comprise one or more of dispersing or wetting agent, a suspending agent, and a preservative. Additional excipients, such as fillers and sweetening, flavoring, or coloring agents, may also be included in these formulations.

A pharmaceutical composition of the invention may also be prepared, packaged, or sold in the form of oil-in-water emulsion or a water-in-oil emulsion. The oily phase may be a vegetable oil such as olive or arachis oil, a mineral oil such as liquid paraffin, or a combination of these. Such compositions may further comprise one or more emulsifying agents such as naturally occurring gums such as gum acacia or gum tragacanth, naturally-occurring phosphatides such as soybean or lecithin phosphatide, esters or partial esters derived from combinations of fatty acids and hexitol anhydrides such as sorbitan monoolate, and condensation products of such partial esters with ethylene oxide such as polyoxyethylene sorbitan monoolate. These emulsions may also contain additional ingredients including, for example, sweetening or flavoring agents.

As used herein, "parenteral administration" of a pharmaceutical composition includes any route of administration characterized by physical breaching of a tissue of a subject

22

and administration of the pharmaceutical composition through the breach in the tissue. Parenteral administration thus includes, but is not limited to, administration of a pharmaceutical composition by injection of the composition, by application of the composition through a surgical incision, by application of the composition through a tissue-penetrating non-surgical wound, and the like. In particular, parenteral administration is contemplated to include, but is not limited to, subcutaneous, intraperitoneal, intramuscular, intrasternal injection, and kidney dialytic infusion techniques.

Formulations of a pharmaceutical composition suitable for parenteral administration comprise the active ingredient combined with a pharmaceutically acceptable carrier, such as sterile water or sterile isotonic saline. Such formulations may be prepared, packaged, or sold in a form suitable for bolus administration or for continuous administration. Injectable formulations may be prepared, packaged, or sold in unit dosage form, such as in ampules or in multi-dose containers containing a preservative. Formulations for parenteral administration include, but are not limited to, suspensions, solutions, emulsions in oily or aqueous vehicles, pastes, and implantable sustained-release or biodegradable formulations. Such formulations may further comprise one or more additional ingredients including, but not limited to, suspending, stabilizing, or dispersing agents. In one embodiment of a formulation for parenteral administration, the active ingredient is provided in dry (i.e. powder or granular) form for reconstitution with a suitable vehicle (e.g. sterile pyrogen-free water) prior to parenteral administration of the reconstituted composition.

The pharmaceutical compositions may be prepared, packaged, or sold in the form of a sterile injectable aqueous or oily suspension or solution. This suspension or solution may be formulated according to the known art, and may comprise, in addition to the active ingredient, additional ingredients such as the dispersing agents, wetting agents, or suspending agents described herein. Such sterile injectable formulations may be prepared using a non-toxic parenterally-acceptable diluent or solvent, such as water or 1,3-butane diol, for example. Other acceptable diluents and solvents include, but are not limited to, Ringer's solution, isotonic sodium chloride solution, and fixed oils such as synthetic mono- or di-glycerides. Other parenterally-administrable formulations which are useful include those which comprise the active ingredient in microcrystalline form, in a liposomal preparation, or as a component of a biodegradable polymer systems. Compositions for sustained release or implantation may comprise pharmaceutically acceptable polymeric or hydrophobic materials such as an emulsion, an ion exchange resin, a sparingly soluble polymer, or a sparingly soluble salt.

Formulations suitable for topical administration include, but are not limited to, liquid or semi-liquid preparations such as liniments, lotions, oil-in-water or water-in-oil emulsions such as creams, ointments or pastes, and solutions or suspensions. Topically-administrable formulations may, for example, comprise from about 1% to about 10% (w/w) active ingredient, although the concentration of the active ingredient may be as high as the solubility limit of the active ingredient in the solvent. Formulations for topical administration may further comprise one or more of the additional ingredients described herein.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for buccal administration. Such formulations may, for example, be in the form of tablets or lozenges made using conven-



US006964854B1

(12) **United States Patent**  
**Arepally et al.**

(10) Patent No.: **US 6,964,854 B1**  
(45) Date of Patent: **Nov. 15, 2005**

(54) **COMPOSITIONS AND METHODS USEFUL FOR THE DIAGNOSIS AND TREATMENT OF HEPARIN INDUCED THROMBOCYTOPENIA/THROMBOSIS**

(75) Inventors: **Gowthami M. Arepally, Albuquerque, NM (US); Walter Kiesel, Albuquerque, NM (US); Keiko Kamei, Kumamoto (JP); Shintaro Kamei, Kumamoto (JP)**

**Science+Technology Corporation @UNM,**

(73) Assignee: **Science+Technology Corporation,**

**Albuquerque, NM (US)**

**Albuquerque**

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 51 days.

(21) Appl. No.: **09/615,872**

(22) Filed: **Jul. 13, 2000**

#### Related U.S. Application Data

(60) Provisional application No. 60/143,536, filed on Jul. 13, 1999.

(51) Int. Cl.<sup>7</sup> ..... **C07K 16/18; C12N 5/20; C12P 21/08; G01N 33/564; G01N 33/577**

(52) U.S. Cl. .... **435/7.24; 435/70.21; 435/452; 435/332; 435/337; 436/506; 530/388.2; 530/388.25**

(58) Field of Search ..... **435/7.24, 7.6, 435/7.92, 69.1, 70.21, 452, 332, 337; 436/506; 530/387.3, 388.1, 388.2, 388.25**

(56) **References Cited**

#### U.S. PATENT DOCUMENTS

4,160,452 A 7/1979 Theeuwes  
4,256,108 A 3/1981 Theeuwes  
4,265,874 A 5/1981 Benson et al.  
5,466,582 A \* 11/1995 Amiral ..... 435/7.9

#### OTHER PUBLICATIONS

Blank, et al., *A mouse model for heparin-induced thrombocytopenia*, *Seminars In Hematology*, vol. 36, No. 1, pp. 12-16, Jan. 1999.

Saggin, et al., *Neutralization of the antiheparin activity of platelet factor 4 by a monoclonal antibody*, *Thrombosis and Haemostasis*, vol. 67, No. 1, pp. 137-143, Jan. 23, 1992.

Arepally, et al., *Characterization of a murine monoclonal antibody that mimics heparin-induced thrombocytopenia antibodies*, *Blood*, vol. 95, No. 5, pp. 1533-1540, Mar. 1, 2000. (Abstract Only).

Ma, et al., *A murine model for heparin-induced thrombocytopenia (HIT)*, *Blood*, vol. 94, No. 10, Nov. 15, 1999. (Abstract Only).

G.M. Arepally, *Characterization of a monoclonal antibody to PF4/heparin (KKO) with functional and serologic properties of HIT antibodies*, *Blood*, vol. 94, No. 10, Nov. 15, 1999.

Ciagowski, et al., *Monoclonal antibodies to bovine platelet factor 4: species interactions to platelets and megakaryocytes using indirect immunocytofluorescence*, *Thrombosis Research*, vol. 41, No. 6, Mar. 15, 1986.

Altschul et al. 1990, *J. Mol. Biol.* 215:403-410.  
Altschul et al. 1997, *Nucleic Acids Res.* 25:3389-3402.  
Amiral et al., 1992, *Thrombosis & Haemostasis*, 68(1):95-96.  
Amiral et al., 1996, *Am. J. Hematol.* 52:90-95.  
Amiral et al., 1996, *Blood* 88:410-416.  
Amiral et al., 1996, *Br. J. Hematol.* 92:954-959.  
Arepally et al., 1995, *Am. J. Clin. Pathol.* 104:648-654.  
Arepally et al., 1997, *Blood* 89:370-375.  
Arepally et al., 1998, *Clinical Reviews in Allergy and Immunology*, 16:237-247.  
Bachelot-Loza et al., 1998, *Thromb. Haemost.* 79:523-528.  
Baggiolini et al., 1989, *J. Clin. Invest.* 84:1045-1049.  
Barbas, 1995, *Nature Medicine* 1:837-839.  
Bauer et al., 1997, *Circulation* 95:1242-1246.  
Bird et al., 1988, *Science* 242:423-426.  
Blank et al., 1997, *Clin. Exp. Immunol.* 108(2):333-339.  
Boshkov et al., 1993, *Br. J. Haematol.* 84:322-328.  
Burton et al., 1994, *Adv. Immunol.* 57:191-280.  
Carlsson et al., 1998, *Blood* 92:1526-1531.  
Carter et al., 1992, *BioTechnology*, 10:163-167.  
Chong et al., 1993, *Blood* 81:988-993.  
Chong, 1995, *British Journal of Haematology*, 89:431-439.  
de Kruij et al. 1995, *J. Mol. Biol.* 248:97-105.  
De Reys et al., 1993, *Blood* 81:1792-1800.  
Dudek et al., 1997, *C. J. Biol Chem* 272:31785-31792.  
Fell et al., 1989, *Proc. Natl. Acad. Sci. USA*, 86: 8507-8511.  
Fratantoni et al., 1975, *Blood* 45:395.  
Greinacher et al., 1992, *Thromb. Haemost.* 67:545.  
Greinacher et al., 1994, *Thromb. Haemost.* 71:247.  
Greinacher et al., 1995, *Thrombosis and Haemostasis*, 74:886-892.  
Gu et al. 1997, *Thrombosis and Hematocyst* 77(4):755-759.  
Herbert et al., 1998, *Thromb. Haemost.* 80:326.

(Continued)

**Primary Examiner—Christopher L. Chin**

**Assistant Examiner—James L. Grun**

(74) Attorney, Agent, or Firm—Mueeting, Raasch & Gebhardt, P.A.

(57)

#### ABSTRACT

The invention includes compositions, kits and methods comprising a monoclonal antibody which shares key functional properties with the polyclonal antibodies which participate in the pathogenesis of heparin induced thrombocytopenia/thrombosis (HIT/HITT) in a mammal. The monoclonal antibody of the invention preferentially binds with a PF4/heparin complex relative to the binding of the antibody with PF4 or heparin alone. The monoclonal antibody of the invention also binds specifically with PF4 in a complex with other glycosaminoglycans besides heparin, and also activates platelets. The monoclonal antibody of the invention is useful in methods for diagnosing and treating HIT/HITT in a mammal. A humanized version of the monoclonal antibody of the invention is also included, along with a process for humanizing the monoclonal antibody of the invention.

6 Claims, 10 Drawing Sheets

JAN 30 2006

US 6,964,854 B1

15

murine antibody onto the human heavy and light chain framework residues. The original technique described by Reichman et. al. involves producing a human variable region with the desired specificity of the murine hypervariable region. Murine hypervariable (HV) primers with sequences complementary to the murine HV region are synthesized with flanking human framework sequences corresponding to the human HV region. These murine HV primers, in addition to nucleotides and DNA polymerase, are added to a plasmid containing the human variable region gene. This reaction results in a humanized murine variable gene (huV), containing human framework regions and murine HV regions. The humanized variable region is next inserted into a plasmid containing a human constant region gene.

This procedure was employed to create humanized heavy and light chains which were then cotransfected into a non-secreting myeloma cell line. Subsequent refinements of this basic procedure have resulted in a process for producing humanized antibodies with affinities and biological properties comparable to that of the parent murine monoclonal antibody (Emery et al., 1995, *Strategies for humanizing antibodies*, In: *Antibody Engineering*, 2<sup>nd</sup> ed., Ed. Borrebaeck CAK) pp 159-183, Oxford University Press, Oxford). This technology can be similarly utilized to create functional humanized Fab' fragments in bacterial cells (Carter et al., 1992, *BioTechnology*, 10: 163-168).

For the purposes of the present invention, the latter technique of humanizing antibodies using CDR grafting to generate humanized monoclonal antibodies or Fab derivatives thereof is the preferred technique for reducing the immunogenicity of murine monoclonal antibodies in humans.

Antibodies displayed at the surface of a bacteriophage are also contemplated by the antibodies of the invention. Bacteriophage which encode the desired antibody may be engineered such that the protein is displayed on the surface thereof in such a manner that it is available for binding to its corresponding binding protein, e.g., the antigen against which the antibody is directed. Thus, when bacteriophage which express a specific antibody are incubated in the presence of a cell which expresses the corresponding antigen, the bacteriophage will bind to the cell. Bacteriophage which do not express the antibody will not bind to the cell. Such panning techniques are well known in the art and are described for example, in Wright et al., (supra).

To generate a phage antibody library, a cDNA library is first obtained from mRNA which is isolated from cells, e.g., the hybridoma, which express the desired protein to be expressed on the phage surface, e.g., the desired antibody. cDNA copies of the mRNA are produced using reverse transcriptase. cDNA which specifies immunoglobulin fragments are obtained by PCR and the resulting DNA is cloned into a suitable bacteriophage vector to generate a bacteriophage DNA library comprising DNA specifying immunoglobulin genes. The procedures for making a bacteriophage library comprising heterologous DNA are well known in the art and are described, for example, in Sambrook et al. (1989, *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor, N.Y.).

Processes such as those described above, have been developed for the production of human antibodies using M13 bacteriophage display (Burton et al., 1994, *Adv. Immunol.* 57:191-280). Essentially, a cDNA library is generated from mRNA obtained from a population of antibody-producing cells. The mRNA encodes rearranged immunoglobulin genes and thus, the cDNA encodes the same. Amplified cDNA is cloned into M13 expression vectors

16

creating a library of phage which express human Fab fragments on their surface. Phage which display the antibody of interest are selected by antigen binding and are propagated in bacteria to produce soluble human Fab immunoglobulin. Thus, in contrast to conventional monoclonal antibody synthesis, this procedure immortalizes DNA encoding human immunoglobulin rather than cells which express human immunoglobulin.

The procedures just presented describe the generation of phage which encode the Fab portion of an antibody molecule. However, the invention should not be construed to be limited solely to the generation of phage encoding Fab antibodies. Rather, phage which encode single chain antibodies (scFv/phage antibody libraries) are also included in the invention. Fab molecules comprise the entire Ig light chain, that is, they comprise both the variable and constant region of the light chain, but include only the variable region and first constant region domain (CH1) of the heavy chain. Single chain antibody molecules comprise a single chain of protein comprising the Ig Fv fragment. An Ig Fv fragment includes only the variable regions of the heavy and light chains of the antibody, having no constant region contained therein. Phage libraries comprising scFv DNA may be generated following the procedures described in Marks et al., 1991, *J. Mol. Biol.* 222:581-597. Panning of phage so generated for the isolation of a desired antibody is conducted in a manner similar to that described for phage libraries comprising Fab DNA.

The invention should also be construed to include synthetic phage display libraries in which the heavy and light chain variable regions may be synthesized such that they include nearly all possible specificities (Barbas, 1995, *Nature Medicine* 1:837-839; de Kruij et al. 1995, *J. Mol. Biol.* 248:97-105).

In one embodiment, the monoclonal antibody of the invention comprises a heavy chain polypeptide having an amino acid sequence which shares at least about 80% homology with SEQ ID NO:1 (FIG. 7A). Preferably, the heavy chain polypeptide is about 85% homologous, more preferably about 90% homologous, even more preferably about 95% homologous, and most preferably about 99% homologous to the heavy chain polypeptide of SEQ ID NO:1. Even more preferably, the monoclonal antibody of the invention comprises a heavy chain polypeptide which is SEQ ID NO:1. Also, in this embodiment the monoclonal antibody of the invention comprises a light chain polypeptide having an amino acid sequence which shares at least about 80% homology with SEQ ID NO:2 (FIG. 7B). Preferably, the light chain polypeptide is about 85% homologous, more preferably about 90% homologous, even more preferably about 95% homologous, and most preferably about 99% homologous to the light chain polypeptide of SEQ ID NO:2. Even more preferably, the monoclonal antibody of the invention comprises a light chain polypeptide which is SEQ ID NO:2.

The determination of percent homology (i.e. percent identity) described herein between two amino acid or nucleotide sequences can be accomplished using a mathematical algorithm. For example, a mathematical algorithm useful for comparing two sequences is the algorithm of Karlin and Altschul (1990, *Proc. Natl. Acad. Sci. USA* 87:2264-2268), modified as in Karlin and Altschul (1993, *Proc. Natl. Acad. Sci. USA* 90:5873-5877). This algorithm is incorporated into the NBLAST and XBLAST programs of Altschul, et al. (1990, *J. Mol. Biol.* 215:403-410), and can be accessed, for example, at the National Center for Biotechnology Information (NCBI) world wide web site having the universal

215:403-410

JAN 30 2006



US 6,964,854 B1

21

demulcents, preservatives, buffers, salts, flavorings, coloring agents, and sweetening agents. Oily suspensions may further comprise a thickening agent. Known suspending agents include, but are not limited to, sorbitol syrup, hydrogenated edible fats, sodium alginate, polyvinylpyrrolidone, gum tragacanth, gum acacia, and cellulose derivatives such as sodium carboxymethylcellulose, methylcellulose, hydroxypropylmethylcellulose. Known dispersing or wetting agents include, but are not limited to, naturally-occurring phosphatides such as lecithin, condensation products of an alkylene oxide with a fatty acid, with a long chain aliphatic alcohol, with a partial ester derived from a fatty acid and a hexitol, or with a partial ester derived from a fatty acid and a hexitol anhydride (e.g. polyoxyethylene stearate, heptadecaethyleneoxycetanol, polyoxyethylene sorbitol monooleate, and polyoxyethylene sorbitan monooleate, respectively). Known emulsifying agents include, but are not limited to, lecithin and acacia. Known preservatives include, but are not limited to, methyl, ethyl, or n-propyl-para-hydroxybenzoates, ascorbic acid, and sorbic acid. Known sweetening agents include, for example, glycerol, propylene glycol, sorbitol, sucrose, and saccharin. Known thickening agents for oily suspensions include, for example, beeswax, hard paraffin, and cetyl alcohol.

Liquid solutions of the active ingredient in aqueous or oily solvents may be prepared in substantially the same manner as liquid suspensions, the primary difference being that the active ingredient is dissolved, rather than suspended in the solvent. Liquid solutions of the pharmaceutical composition of the invention may comprise each of the components described with regard to liquid suspensions, it being understood that suspending agents will not necessarily aid dissolution of the active ingredient in the solvent. Aqueous solvents include, for example, water and isotonic saline. Oily solvents include, for example, almond oil, oily esters, ethyl alcohol, vegetable oils such as arachis, olive, sesame, or coconut oil, fractionated vegetable oils, and mineral oils such as liquid paraffin.

Powdered and granular formulations of a pharmaceutical preparation of the invention may be prepared using known methods. Such formulations may be administered directly to a subject, used, for example, to form tablets, to fill capsules, or to prepare an aqueous or oily suspension or solution by addition of an aqueous or oily vehicle thereto. Each of these formulations may further comprise one or more of dispersing or wetting agent, a suspending agent, and a preservative. Additional excipients, such as fillers and sweetening, flavoring, or coloring agents, may also be included in these formulations.

A pharmaceutical composition of the invention may also be prepared, packaged, or sold in the form of oil-in-water emulsion or a water-in-oil emulsion. The oily phase may be a vegetable oil such as olive or arachis oil, a mineral oil such as liquid paraffin, or a combination of these. Such compositions may further comprise one or more emulsifying agents such as naturally occurring gums such as gum acacia or gum tragacanth, naturally-occurring phosphatides such as soybean or lecithin phosphatide, esters or partial esters derived from combinations of fatty acids and hexitol anhydrides such as sorbitan monooleate, and condensation products of such partial esters with ethylene oxide such as polyoxyethylene sorbitan monooleate. These emulsions may also contain additional ingredients including, for example, sweetening or flavoring agents.

As used herein, "parenteral administration" of a pharmaceutical composition includes any route of administration characterized by physical breaching of a tissue of a subject

22

and administration of the pharmaceutical composition through the breach in the tissue. Parenteral administration thus includes, but is not limited to, administration of a pharmaceutical composition by injection of the composition, by application of the composition through a surgical incision, by application of the composition through a tissue-penetrating non-surgical wound, and the like. In particular, parenteral administration is contemplated to include, but is not limited to, subcutaneous, intraperitoneal, intramuscular, intrasternal, intravenous, and kidney dialytic infusion techniques.

Formulations of a pharmaceutical composition suitable for parenteral administration comprise the active ingredient combined with a pharmaceutically acceptable carrier, such as sterile water or sterile isotonic saline. Such formulations may be prepared, packaged, or sold in a form suitable for bolus administration or for continuous administration. Injectable formulations may be prepared, packaged, or sold in unit dosage form, such as in ampules or in multi-dose containers containing a preservative. Formulations for parenteral administration include, but are not limited to, suspensions, solutions, emulsions in oily or aqueous vehicles, pastes, and implantable sustained-release or biodegradable formulations. Such formulations may further comprise one or more additional ingredients including, but not limited to, suspending, stabilizing, or dispersing agents. In one embodiment of a formulation for parenteral administration, the active ingredient is provided in dry (i.e. powder or granular) form for reconstitution with a suitable vehicle (e.g. sterile pyrogen-free water) prior to parenteral administration of the reconstituted composition.

The pharmaceutical compositions may be prepared, packaged, or sold in the form of a sterile injectable aqueous or oily suspension or solution. This suspension or solution may be formulated according to the known art, and may comprise, in addition to the active ingredient, additional ingredients such as the dispersing agents, wetting agents, or suspending agents described herein. Such sterile injectable formulations may be prepared using a non-toxic parenterally-acceptable diluent or solvent, such as water or 1,3-butane diol, for example. Other acceptable diluents and solvents include, but are not limited to, Ringer's solution, isotonic sodium chloride solution, and fixed oils such as synthetic mono- or di-glycerides. Other parenterally-administrable formulations which are useful include those which comprise the active ingredient in microcrystalline form, in a liposomal preparation, or as a component of a biodegradable polymer systems. Compositions for sustained release or implantation may comprise pharmaceutically acceptable polymeric or hydrophobic materials such as an emulsion, an ion exchange resin, a sparingly soluble polymer, or a sparingly soluble salt.

Formulations suitable for topical administration include, but are not limited to, liquid or semi-liquid preparations such as liniments, lotions, oil-in-water or water-in-oil emulsions such as creams, ointments or pastes, and solutions or suspensions. Topically-administrable formulations may, for example, comprise from about 1% to about 10% (w/w) active ingredient, although the concentration of the active ingredient may be as high as the solubility limit of the active ingredient in the solvent. Formulations for topical administration may further comprise one or more of the additional ingredients described herein.

A pharmaceutical composition of the invention may be prepared, packaged, or sold in a formulation suitable for buccal administration. Such formulations may, for example, be in the form of tablets or lozenges made using conven-

JAN 20 2006